

No. 2
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5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36406

State File No. _____
Registrar's No. **4327**

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
332 WEST 45TH STREET TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON **48**
(c) City or town KANSAS CITY **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 332 WEST 45TH STREET TERRACE **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELLEN ELIZABETH BROWN
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 21⁵⁷
year 1948 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from survival
_____ 19____ to Oct 21 1948
that I last saw h. is alive on Oct 20 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. A. BENNETT BROWN
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 19 1857
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis **4 days**
Due to Atherosclerosis **year**
Myocardosis **years**

8. AGE: Years Months Days If less than one day
91 7 2 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None **93**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace TAMPA FLORIDA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

12. Name THOMAS MOONLIGHT **4**
13. Birthplace ARBROTH SCOTLAND
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN ELIZABETH MURRAY **4**
15. Birthplace UNKNOWN SCOTLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Moonlight
(b) Address 332 W 45th St. Terrace

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof OCT. 25 1948
(Month) (Day) (Year)
(c) Place: D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomers
(b) Address 1401 Brushy Creek Blvd.

19. (a) 10-25-48 (Date received local registrar) (b) Edna Holmea (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
John O. Skinner (Specify type of place) **0**
While at work? () Means of injury _____
23. Signature John O. Skinner (M. D. or other) **0**
Address 11402 13th Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Boyd 11/16/48

NOV 16 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *D. J. Nofsinger*
Licensed Embalmer No. *5938*
P. O. Address *Kansas City Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.